2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

May 05, 2003 8:00 am & Secretary of State P01000055836 **DOCUMENT #** 05-05-2003 91887 036 ***150 00 1. Entity Name IGL, CORP. Principal Place of Business Mailing Address 281 GARDNER LANE 281 GARDNER LANE #3 KISSIMMEE FL 34743 KISSIMMEE FL 34743 2. Principal Place of Business 3. Mailing Address SILVER SWAN CT. Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 74-3041312 51551 MMEE Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENDEZ, ALVARO Street Address (P.O. Box Number is Not Acceptable) 281 GARDNER LANE #3 KISSIMMEE FL 34743 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change **GUEVARA, CARLOS** NAME APT. 303, CRA. 47 #81-55 STREET ADDRESS STREET ADDRESS **BOGOTA, COLOMBIA** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Channe **GUEVARA, JORGE** NAME NAME STREET ADDRESS APT 306, CRA 47 #81-55 STREET ADDRESS **BOGOTA, COLOMBIA** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME MENDEZ, ALVARO STREET ADDRESS STREET ADDRESS 281 GARDNER LN., #3 CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE:

FILED